CITY OF OSHKOSH
PERMIT

Permit #	201402286
Issued Date	09/24/2014

Job Address	3555 MOSER ST	**Owner**	RONALD H/JANE K JOHNSON LLC	**Parcel ID**	1519606400
Category	Business/Office	**Contractor**	CR MEYER		
Use	Commercial	**Business**	Pacur		
Description	Office remodel - to include new bathroom layouts and adding offices				

Permit Details

Sqr Foot	2,190	**Occupancy Permit**		**Alarm**	
Submittal	Alteration Level 2	**Floor Levels**	1-Story	**Alarm Type**	
Building Plan	YES	**# Structures**		**Alarm Monitoring**	
HVAC Plan	YES	**# Units**		**Fire Suppression**	
Occupancy				**Fire Sprinkler**	
Construction	II-B			**Sprinkler Design**	

Fees

Issued By John Zarate

Valuation $0.00

Fees		
	Building Review	$250.00
	HVAC Review	$150.00
	Building Review	$100.00
	Building Permit	$395.20
	Property Record	$131.40
		$1,026.60

Payment [redacted]

Conditions

In the performance of this work to perform all work pursuant to rules governing the described construction. While the City of Oshkosh has no authority to enforce easement restrictions of which it is not a party, if you perform the work described in this permit application within an easement, the City strongly urges the permit applicant to contract the easement holder(s) and to secure any necessary approvals before starting such activity. I have read and understood the aforementioned information.

Signature Signed By: Pete LeCompte Date: Wed Sep 24 2014 07:45:22 **Date** 09/24/2014

Agent/Owner

Address [redacted]

To schedule inspections please call the Inspection Request line at 920-236-5128 noting the Address, Permit Number, Type of Inspection (i.e. Footing, Service, Final, etc.), Access into Building if Secure (how do we gain entry), your Name and Phone Number. Unless specified otherwise, we will assume the project is ready at the time the request is received. Work may continue if the inspection is not performed within two business days from the time the project is ready.

CR MEYER

895 W 20th Avenue, PO Box 2157
Oshkosh WI 54903-2157
Phone 920.235.3350
Fax 920.235.3419

To: City of Oshkosh
215 Church St., PO Box 1130
Oshkosh, WI 54902-1130
Attn: John Zarate

Date: 10.21.2014
Our Job No.
Your Job No.

Regarding - Project Pacur- Office Remodeling Project
Location 3555 Moser St.
Oshkosh, WI

GENTLEMEN
We are sending you
x Herewith
_____ Under Separate Cover

_____ Plans _____ Prints _____ Shop drawings _____ Specifications x Correspondence

1 Copies Building Compliance Statement
_____ Copies
_____ Copies

From CR Meyer

Covering Building Compliance Statement

Which are: (as checked below)

_____ For Approval
_____ For Correction
_____ For Final Approval
_____ For Your Use in Preparing Shop Drawings
_____ For Fabrication of Your Material
_____ For Your Use
X For Files and Distribution
_____ For Field Use
_____ For Sending Us a Quotation by
Date
Time _____ AM PM

Please Return _____ Copies to

Remarks:

Copy of Correspondence Sent to:
Tim Miller, CR Meyer

Yours very truly,
CR MEYER

Pete LeCompte

BUILDINGS, HVAC, COMPLIANCE STATEMENT SBD-9720

This form is required to be submitted by the supervising professional (architect, engineer, HVAC designer or electrical designer) observing construction of projects within buildings with total volume of 50,000 cubic feet or greater and bleachers (SPS 361.40). Failure to submit this form may result in penalties as specified in SPS 361.23 and/or local ordinances. This form must be submitted prior to the plan approval expiration date or another submittal may be required.

General Instructions: Prior to the initial occupancy of new buildings or additions and the final occupancy of altered existing buildings, submit this completed and signed form to:

- **The municipal building inspection office (refer to the plan approval letter for agency address) and**
- **Industry Services Division, 10541N Ranch Road Hayward, WI. 54843**

Note: If the review was done by the municipality, the compliance statement goes only to the municipal building inspector. A copy is not needed by Industry Services.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

1. PROJECT INFORMATION: Please fill in the following with information from your plan approval letter.

~~Transaction ID~~ APP Number 113879 Project Name PACUR OFFICE REMODELING

Site Number _____

Site location (number & street) 3555 MOSER ST.

☒ City ☐ Village ☐ Town of OSHKOSH County of WINNEBAGO

2. PURPOSE OF THIS STATEMENT: (Check Box A, B, C, or D to indicate purpose and complete any other applicable boxes and information. Attach additional pages if necessary.)

Check those which apply: ☒ ~~Building Object ID~~ CURRENT PLAN # 65-3555-0714 ☐ HVAC Object ID # _____

☐ Partial Completion _____
Description of Portion Completed

A) ☒ Statement of Substantial Compliance

To the best of my knowledge, belief, and based on onsite observation, construction of the following building and/or HVAC items applicable to this project have been completed in substantial compliance with the approved plans and specifications.

☒ **BUILDING/LIGHTING ITEMS**

1. Structural system including submittal and erection of all building components (trusses, precast, metal building, etc.)
2. Fire protection systems (sprinklers, alarms, smoke detectors) designed, installed, and tested (including forward flow on back flow devices) by appropriately registered professionals
3. Shaft and stairway enclosure
4. Exits including exit and directional lights
5. Fire-resistive construction, enclosure of hazards, fire walls, labeled doors, class of construction, fire stopped penetrations
6. Sanitation system (toilets, sinks, drinking facilities)
7. Barrier-free including SPS 318 elevators and lifts
8. Energy envelope requirements
9. All conditions of building plan approval and applicable variances
10. Exterior lighting & control requirements
11. Interior lighting & control requirements
12. All conditions of lighting plan approval and applicable variances

☐ **HVAC ITEMS**

1. HVAC system including final test
2. All conditions of HVAC plan approval and applicable variances

The following items are not in compliance and must be addressed: _____

_____

B) ☐ Statement of Noncompliance

Due to the following listed violations, this project is not ready for occupancy: _____

_____

C) ☐ Supervising Professional Withdrawn From Project (Use A or B above to indicate project status as of this date.)

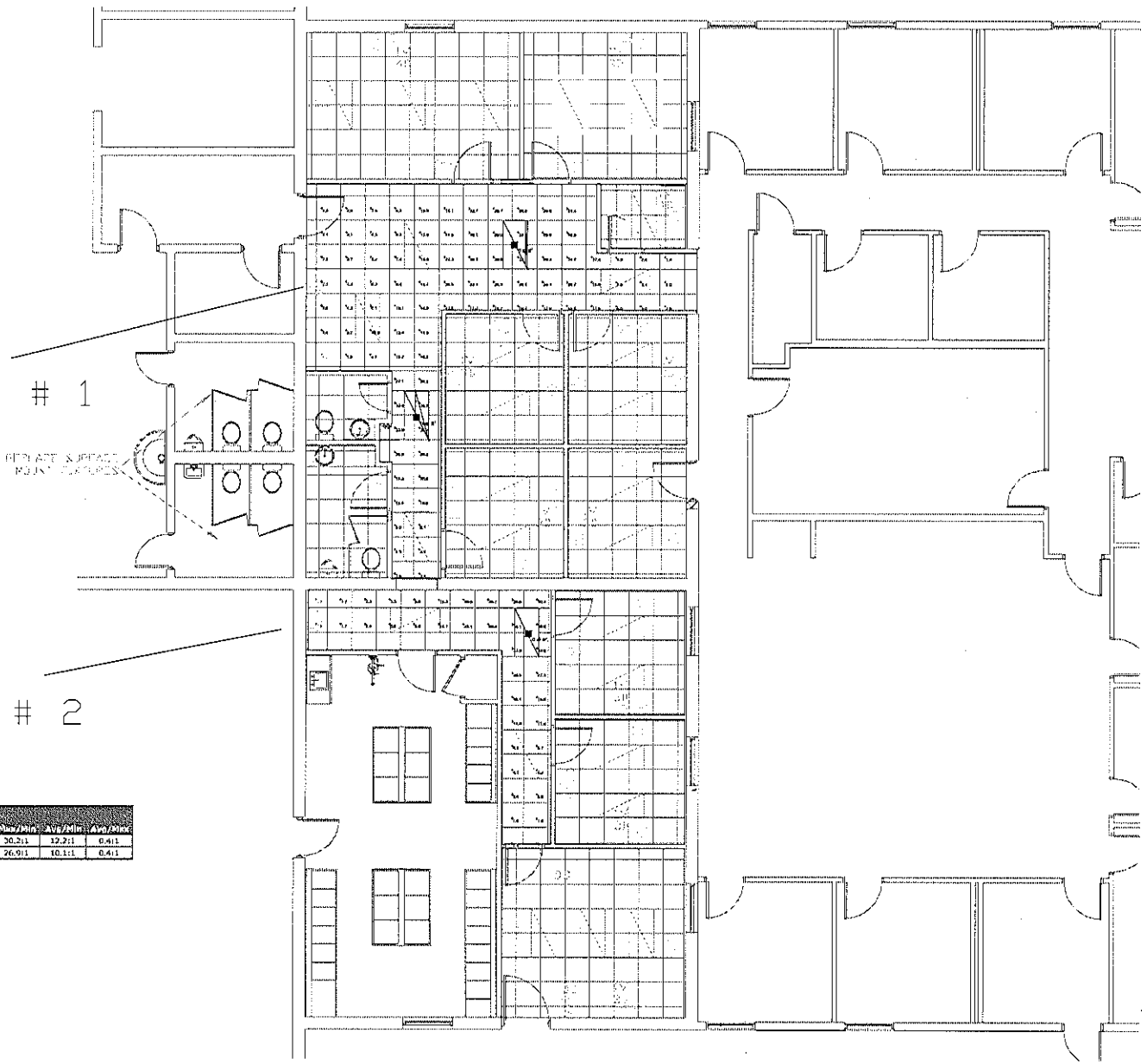
D) ☐ Project Abandoned

3. SUPERVISING PROFESSIONAL SIGNATURE FOR:

☒ Building ☐ HVAC PETE LECOMPTE Date 10.21.2014
Name (please print or type)

Phone number 920.267.4858 Customer ID # _____ Signature _____

SBD-9720 (R.9/14)



Calculation Summary	Symbol	Avg	Max	Min	Max/Min	Avg/Min	Avg/Max
EGRESS ZONE # 1	+	14.6 fc	36.2 fc	1.2 fc	30.2:1	12.2:1	0.4:1
EGRESS ZONE # 2	+	13.1 fc	35.0 fc	1.3 fc	26.9:1	10.1:1	0.4:1

PACUR- EGRESS

Designer
Date
10/21/2014
Scale
Not to Scale
Drawing No.
Summary

1 of 1